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Fill in this in	formation to identify	your case:	
Debtor 1	John	Р.	Lang Jr.
202101	First Name	Middle Name	Last Name
Debtor 2	Marie	D.	Lang
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for the:	Eastern_[District of Pennsylvania
Case number	19-15699-ELF		

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employm	ent					
Fill in your employment information.		Debtor 1		Debtor 2 or non	ı-filing spouse	
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employ	ed	☑ Employed ☐ Not employe	d	
Include part-time, seasonal, or self-employed work.	Occupation	Senior Project Manager Mark I Restoration Services		Director of Nu	Director of Nursing (FT)	
Occupation may include student or homemaker, if it applies.	Employer's name			es Chandler Hal	l Health Services	
				99 Barclay St	99 Barclay Street	
	Employer's address	311 New All	bany Road	Newtown	PA 18940	
		Number Street		Number Street Harborview Reha	Number Street Harborview Rehabilitation and Cai	
	How long employed the	City	NJ 08057 State ZIP Code	City 2 years	State ZIP Code	
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a	ave more than one employe	er, combine the info		,	,	
			For Debto	r 1 For Debtor 2 or non-filing spous	0	
List monthly gross wages, sal- deductions). If not paid monthly,			^{2.} \$_7,692.0	<u>0</u>	<u>)</u>	
3. Estimate and list monthly over	rtime pay.		3. + \$ 0.0	<u>0</u> + \$0.00	<u></u>	
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$\ \ \\$\ \ \\$\ \ \ \ \ \ \ \ \ \ \ \ \	<u>\$ 11,667.00</u>	-	

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

John First Name P. Lang Jr.

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Case number (if known) 19-15699-ELF

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$_7,692.00	\$11,166.00	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$_1,750.00	\$3,059.00	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$554.00	
5c. Voluntary contributions for retirement plans	5c.	\$ 461.00	\$ 0.00	
•		(55.00	0.00	
5d. Required repayments of retirement fund loans	5d.	Ψ	402.00	
5e. Insurance	5e.	\$ 339.00	\$482.00	
5f. Domestic support obligations	5f.	\$	\$0.00	
5g. Union dues	5g.	\$0.00_	\$0.00	
5h. Other deductions. Specify: Garnishment	5h.	+\$769.00	+ \$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +	5h. 6.	\$ <u>3,974.00</u>	\$ <u>4,095.00</u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 3,718.00	\$7,071.00	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross				
receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00_	
8b. Interest and dividends	8b.	s 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a depe		φ	Ψ	
regularly receive	indent			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00_	
8d. Unemployment compensation	8d.	\$0.00_	\$0.00_	
8e. Social Security	8e.	\$0.00	\$0.00 _	
8f. Other government assistance that you regularly receive				
Include cash assistance and the value (if known) of any non-cash assi that you receive, such as food stamps (benefits under the Supplement Nutrition Assistance Program) or housing subsidies.				
Specify:	8f.	\$0.00	\$0.00	
			0.00	
8g. Pension or retirement income	8g.	\$	\$0.00	
8h. Other monthly income. Specify:	8h.	+\$0.00	+\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00	\$0.00_	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$ <u>3,718.00</u>	+ \$\ \\$_\\$	\$ <u>10,789.00</u>
11. State all other regular contributions to the expenses that you list in So	chedule J			
Include contributions from an unmarried partner, members of your household friends or relatives.	old, your de	ependents, your roor	nmates, and other	
Do not include any amounts already included in lines 2-10 or amounts that	are not av	ailable to pay expen	ses listed in Schedule J.	0.00
Specify:			11. +	\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11.			•	s 10,789.00
Write that amount on the Summary of Your Assets and Liabilities and Certa	ain Statistio	cal Information, if it a	pplies 12.	Ψ
				Combined monthly income
13. Do you expect an increase or decrease within the year after you file to	his form?		pdf	•
☑ No.				
☐ Yes. Explain:				